

**United States Bankruptcy Court**  
**Eastern District of Wisconsin**

**Voluntary Petition**

Name of Debtor (if individual, enter Last, First, Middle): <b>Hall, Reshunda Lavita</b>	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): <b>FKA Reshunda L Stephens</b>	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) <b>xxx-xx-9233</b>	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): <b>6540 North Bourbon Street</b> <b>Milwaukee, WI</b>	Street Address of Joint Debtor (No. and Street, City, and State):
ZIP Code <b>53224</b>	ZIP Code
County of Residence or of the Principal Place of Business: <b>Milwaukee</b>	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address):	Mailing Address of Joint Debtor (if different from street address):
ZIP Code	ZIP Code
Location of Principal Assets of Business Debtor (if different from street address above):	

<p><b>Type of Debtor</b> (Form of Organization) (Check one box)</p> <p><input checked="" type="checkbox"/> Individual (includes Joint Debtors) See Exhibit D on page 2 of this form.</p> <p><input type="checkbox"/> Corporation (includes LLC and LLP)</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)</p>	<p><b>Nature of Business</b> (Check one box)</p> <p><input type="checkbox"/> Health Care Business</p> <p><input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B)</p> <p><input type="checkbox"/> Railroad</p> <p><input type="checkbox"/> Stockbroker</p> <p><input type="checkbox"/> Commodity Broker</p> <p><input type="checkbox"/> Clearing Bank</p> <p><input type="checkbox"/> Other</p> <p><b>Tax-Exempt Entity</b> (Check box, if applicable)</p> <p><input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).</p>	<p><b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box)</p> <p><input checked="" type="checkbox"/> Chapter 7</p> <p><input type="checkbox"/> Chapter 9</p> <p><input type="checkbox"/> Chapter 11</p> <p><input type="checkbox"/> Chapter 12</p> <p><input type="checkbox"/> Chapter 13</p> <p><b>Nature of Debts</b> (Check one box)</p> <p><input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."</p> <p><input type="checkbox"/> Debts are primarily business debts.</p>
--	---	--

<p><b>Filing Fee</b> (Check one box)</p> <p><input checked="" type="checkbox"/> Full Filing Fee attached</p> <p><input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.</p> <p><input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.</p>	<p>Check one box:</p> <p><b>Chapter 11 Debtors</b></p> <p><input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D).</p> <p><input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).</p> <p>Check if:</p> <p><input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000.</p> <p>Check all applicable boxes:</p> <p><input type="checkbox"/> A plan is being filed with this petition.</p> <p><input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).</p>
---	--

<p><b>Statistical/Administrative Information</b>      *** James L. Miller 1000569 ***</p> <p><input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors.</p> <p><input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.</p>	<p>THIS SPACE IS FOR COURT USE ONLY</p>																					
<p>Estimated Number of Creditors</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1-49</td> <td>50-99</td> <td>100-199</td> <td>200-999</td> <td>1,000-5,000</td> <td>5,001-10,000</td> <td>10,001-25,000</td> <td>25,001-50,000</td> <td>50,001-100,000</td> <td>OVER 100,000</td> </tr> </table>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	OVER 100,000
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	OVER 100,000													
<p>Estimated Assets</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion													
<p>Estimated Liabilities</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion													

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>Hall, Reshunda Lavita</b>
<b>All Prior Bankruptcy Cases Filed Within Last 8 Years</b> (If more than two, attach additional sheet)		
Location Where Filed: - <b>None</b> -	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:
<b>Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor</b> (If more than one, attach additional sheet)		
Name of Debtor: - <b>None</b> -	Case Number:	Date Filed:
District:	Relationship:	Judge:
<b>Exhibit A</b>		<b>Exhibit B</b>
(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)		(To be completed if debtor is an individual whose debts are primarily consumer debts.)  I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).
<input type="checkbox"/> Exhibit A is attached and made a part of this petition.		<b>X /s/ James L. Miller</b> Signature of Attorney for Debtor(s) <b>James L. Miller 1000569</b> <b>February 20, 2008</b> (Date)
<b>Exhibit C</b>		
Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?		
<input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No.		
<b>Exhibit D</b>		
(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)		
<input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.		
If this is a joint petition:		
<input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.		
<b>Information Regarding the Debtor - Venue</b>		
(Check any applicable box)		
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.		
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b>		
(Check all applicable boxes)		
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)		
<hr/> (Name of landlord that obtained judgment)		
<hr/> (Address of landlord)		
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).		

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>Hall, Reshunda Lavita</b>
<p><b>Signatures</b></p> <p><b>Signature(s) of Debtor(s) (Individual/Joint)</b></p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct.    [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.    [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p><b>X /s/ Reshunda Lavita Hall</b> Signature of Debtor <b>Reshunda Lavita Hall</b></p> <p><b>X</b> Signature of Joint Debtor</p> <p>Telephone Number (If not represented by attorney) <b>February 20, 2008</b> Date</p> <p><b>Signature of Attorney*</b></p> <p><b>X /s/ James L. Miller</b> Signature of Attorney for Debtor(s) <b>James L. Miller 1000569</b> Printed Name of Attorney for Debtor(s) <b>MILLER &amp; MILLER</b> Firm Name <b>633 W. Wisconsin Avenue Suite 1500 Milwaukee, WI 53203-1918</b> Address <b>414-277-7742 Fax: 414-277-1303</b> Telephone Number <b>February 20, 2008</b> Date  <small>*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.</small></p> <p><b>Signature of Debtor (Corporation/Partnership)</b></p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p><b>X</b> Signature of Authorized Individual Printed Name of Authorized Individual Title of Authorized Individual Date</p>		
<p><b>Signatures</b></p> <p><b>Signature of a Foreign Representative</b></p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.    (Check only one box.)</p> <p><input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.</p> <p><input type="checkbox"/> Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.</p> <p><b>X</b> Signature of Foreign Representative Printed Name of Foreign Representative Date</p> <p><b>Signature of Non-Attorney Bankruptcy Petition Preparer</b></p> <p>I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.</p> <p>Printed Name and title, if any, of Bankruptcy Petition Preparer Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.) Address <b>X</b> Date Signature of Bankruptcy Petition Preparer or officer, principal, responsible person,or partner whose Social Security number is provided above. Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:  <small>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</small></p> <p><i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.</i></p>		

United States Bankruptcy Court  
Eastern District of Wisconsin

In re Reshunda Lavita Hall

Debtor(s)

Case No.

Chapter

7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.] [Summarize exigent circumstances here.]* \_\_\_\_\_

**If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.**

**Official Form 1, Exh. D (10/06) - Cont.**

4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]

Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ Reshunda Lavita Hall  
Reshunda Lavita Hall

Date: February 20, 2008

**United States Bankruptcy Court**  
**Eastern District of Wisconsin**

In re **Reshunda Lavita Hall**

Debtor

Case No. \_\_\_\_\_

Chapter \_\_\_\_\_

**7**

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	<b>Yes</b>	1	<b>60,000.00</b>		
B - Personal Property	<b>Yes</b>	3	<b>14,690.00</b>		
C - Property Claimed as Exempt	<b>Yes</b>	1			
D - Creditors Holding Secured Claims	<b>Yes</b>	1		<b>48,100.00</b>	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	<b>Yes</b>	2		<b>1,720.08</b>	
F - Creditors Holding Unsecured Nonpriority Claims	<b>Yes</b>	15		<b>123,594.85</b>	
G - Executory Contracts and Unexpired Leases	<b>Yes</b>	1			
H - Codebtors	<b>Yes</b>	1			
I - Current Income of Individual Debtor(s)	<b>Yes</b>	1			<b>2,315.81</b>
J - Current Expenditures of Individual Debtor(s)	<b>Yes</b>	2			<b>3,054.92</b>
Total Number of Sheets of ALL Schedules		<b>28</b>			
	Total Assets		<b>74,690.00</b>		
		Total Liabilities		<b>173,414.93</b>	

**United States Bankruptcy Court**  
**Eastern District of Wisconsin**

In re **Reshunda Lavita Hall**

Debtor

Case No. \_\_\_\_\_

Chapter \_\_\_\_\_

**7**

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

- Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	<b>0.00</b>
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	<b>1,720.08</b>
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	<b>0.00</b>
Student Loan Obligations (from Schedule F)	<b>0.00</b>
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	<b>0.00</b>
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	<b>0.00</b>
TOTAL	<b>1,720.08</b>

**State the following:**

Average Income (from Schedule I, Line 16)	<b>2,315.81</b>
Average Expenses (from Schedule J, Line 18)	<b>3,054.92</b>
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20 )	<b>4,036.14</b>

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column	<b>1,500.00</b>
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	<b>1,720.08</b>
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column	<b>0.00</b>
4. Total from Schedule F	<b>123,594.85</b>
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)	<b>125,094.85</b>

In re **Reshunda Lavita Hall** \_\_\_\_\_ Debtor

Case No. \_\_\_\_\_

## **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
<b>Homestead located at 6540 N. Bourbon St. Debtor paid \$46,000.00 for this condominium 4 years ago. She believes today the value is about \$60,000.00 at most.</b>	<b>Homestead</b>	<b>-</b>	<b>60,000.00</b>	<b>41,600.00</b>
			<b>Sub Total &gt;</b>	<b>60,000.00</b>

**Sub-Total >      \$0,000.00**      (Total of this page)

Total >

**60,000.00**

(Total of this page)

0 continuation sheets attached to the Schedule of Real Property

**(Report also on Summary of Schedules)**

In re **Reshunda Lavita Hall**,  
Debtor

Case No. \_\_\_\_\_

## SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		<b>Cash on hand at time of filing</b>	-	<b>10.00</b>
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>Savings account with Educators Credit Union</b>	-	<b>5.00</b>
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		<b>Household goods at time of filing - list to be sent to trustee - \$12,142 to replace everything new. As is the debtor believes it is worth \$5,000 at most in its current value.</b>	-	<b>5,000.00</b>
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		<b>Wearing apparel at time of filing</b>	-	<b>500.00</b>
7. Furs and jewelry.		<b>Jewelry at time of filing</b>	-	<b>2,000.00</b>
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		<b>Debtor has term insurance through work with no cash value</b>	-	<b>0.00</b>
10. Annuities. Itemize and name each issuer.	X			
<b>Sub-Total &gt;</b>				<b>7,515.00</b>
(Total of this page)				

2 continuation sheets attached to the Schedule of Personal Property

In re

**Reshunda Lavita Hall**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		<b>Debtor has a 403 B through her employer....there is currently no value to this retirement account.</b>	-	<b>0.00</b>
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.		<b>Anticipated 2007 Tax Refund</b>	-	<b>2,175.00</b>
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
				Sub-Total > (Total of this page)
				<b>2,175.00</b>

Sheet 1 of 2 continuation sheets attached  
to the Schedule of Personal Property

In re

**Reshunda Lavita Hall**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		<b>2007 Honda Odyssey with 11000 miles - LEASED</b>	-	<b>0.00</b>
		<b>2001 Windstar with 50000 miles - this car is driven by the debtor's non filing spouse. This vehicle is not in the debtor's possession. The debtor desires to surrender her interest in this vehicle.</b>	-	<b>5,000.00</b>
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

Sub-Total > **5,000.00**  
 (Total of this page)  
 Total > **14,690.00**

Sheet 2 of 2 continuation sheets attached  
 to the Schedule of Personal Property

(Report also on Summary of Schedules)

In re Reshunda Lavita Hall,  
Debtor

Case No. \_\_\_\_\_

## SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

- 11 U.S.C. §522(b)(2)  
 11 U.S.C. §522(b)(3)

Check if debtor claims a homestead exemption that exceeds  
\$136,875.

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<b>Real Property</b>			
Homestead located at 6540 N. Bourbon St. Debtor paid \$46,000.00 for this condominium 4 years ago. She believes today the value is about \$60,000.00 at most.	11 U.S.C. § 522(d)(1)	18,400.00	60,000.00
<b>Cash on Hand</b>			
Cash on hand at time of filing	11 U.S.C. § 522(d)(5)	10.00	10.00
<b>Checking, Savings, or Other Financial Accounts, Certificates of Deposit</b>			
Savings account with Educators Credit Union	11 U.S.C. § 522(d)(5)	5.00	5.00
<b>Household Goods and Furnishings</b>			
Household goods at time of filing - list to be sent to trustee - \$12,142 to replace everything new. As is the debtor believes it is worth \$5,000 at most in its current value.	11 U.S.C. § 522(d)(3)	5,000.00	5,000.00
<b>Wearing Apparel</b>			
Wearing apparel at time of filing	11 U.S.C. § 522(d)(5)	500.00	500.00
<b>Furs and Jewelry</b>			
Jewelry at time of filing	11 U.S.C. § 522(d)(4) 11 U.S.C. § 522(d)(5)	1,350.00 650.00	2,000.00
<b>Other Liquidated Debts Owing Debtor Including Tax Refund</b>			
Anticipated 2007 Tax Refund	11 U.S.C. § 522(d)(5)	2,175.00	2,175.00
		Total: <b>28,090.00</b>	<b>69,690.00</b>

0 continuation sheets attached to Schedule of Property Claimed as Exempt

Copyright (c) 1996-2007 - Best Case Solutions - Houston, TX 77042-3807

Case 08-21350 pp Doc 1 Filed 02/20/08

Page 12 of 62

Best Case Bankruptcy

In re Reshunda Lavita Hall,  
Debtor

Case No. \_\_\_\_\_

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.								
Franklin Financial Corporation 6001 W. Capitol Drive Suite 205 Milwaukee, WI 53216			12/1/06 <b>Security Agreement</b> 2001 Windstar with 50000 miles - this car is driven by the debtor's non filing spouse. This vehicle is not in the debtor's possession. The debtor desires to surrender her interest in this vehicle.					
			Value \$ 5,000.00				6,500.00	1,500.00
Account No.								
Honda Finance Corp P.O. Box 5308 Elgin, IL 60121-5308			4/1/07 <b>Security Agreement</b> 2007 Honda Odyssey with 11000 miles - LEASED					
			Value \$ 0.00				0.00	0.00
Account No.								
Wells Fargo Home Mortgage P.O. Box 10335 Des Moines, IA 50306-0335			10/1/03 <b>Mortgage</b> Homestead located at 6540 N. Bourbon St. Debtor paid \$46,000.00 for this condominium 4 years ago. She believes today the value is about \$60,000.00 at most.					
			Value \$ 60,000.00				41,600.00	0.00
Account No.								
			Value \$					
<b>Subtotal</b> (Total of this page)							<b>48,100.00</b>	<b>1,500.00</b>
<b>Total</b> (Report on Summary of Schedules)							<b>48,100.00</b>	<b>1,500.00</b>

**0** continuation sheets attached

In re Reshunda Lavita Hall,  
Debtor

Case No. \_\_\_\_\_

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

### TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

#### Domestic support obligations

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

#### Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

#### Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

#### Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

#### Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

#### Deposits by individuals

Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

#### Taxes and certain other debts owed to governmental units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

#### Commitments to maintain the capital of an insured depository institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

#### Claims for death or personal injury while debtor was intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

1 continuation sheets attached

In re Reshunda Lavita Hall,  
Debtor

Case No. \_\_\_\_\_

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)**Taxes and Certain Other Debts  
Owed to Governmental Units****TYPE OF PRIORITY**

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODEBTOR H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	TYPE OF PRIORITY				AMOUNT NOT ENTITLED TO PRIORITY, IF ANY	AMOUNT ENTITLED TO PRIORITY
			C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M		
Account No.								
Internal Revenue Service P.O. Box 21126 Philadelphia, PA 19114-0326	-	2007  Delinquent taxes					0.00	
Account No.								1,720.08
Account No.								
Account No.								
Account No.								
Account No.								
Sheet <u>1</u> of <u>1</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Priority Claims			Subtotal (Total of this page)				0.00	
							1,720.08	1,720.08
			Total (Report on Summary of Schedules)				0.00	
							1,720.08	1,720.08

In re Reshunda Lavita Hall,  
Debtor

Case No. \_\_\_\_\_

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.		<b>Consumer Debt</b>				
<b>Allied Technologies</b> N27 W23953 Paul Road Suite 201 Pewaukee, WI 53072	-					<b>32.24</b>
Account No. <b>05029354233</b>		<b>2007 Insurance</b>				<b>68.38</b>
<b>American Family Insurance</b> 6000 American Pkwy Madison, WI 53783-0001	-	<b>6/12/07 Money Judgment</b>				<b>4,023.85</b>
Account No. <b>2007SC019864</b>		<b>Attorney Matthew J. Tadych</b> 5232 W Oklahoma Ave Milwaukee, WI				
<b>American General Finance</b> 5158D South 108th Street Hales Corners, WI 53130	-					
Account No.						
<b>American General Finance</b>						
<b>14</b> continuation sheets attached		Subtotal (Total of this page)				<b>4,124.47</b>

In re

**Reshunda Lavita Hall**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.						
American General Finance P.O. Box 67 Hales Corners, WI 53130	-	3/1/06 Household goods at time of filing - list to be sent to trustee - \$12,142 to replace everything new. As is the debtor believes it is worth \$5,000 at most				1,613.00
Account No.						
Americollect P.O. Box 1566 Manitowoc, WI 54221	-	6/1/07 Medical Services				262.00
Account No. 3142742		Consumer Debt				
Americollect P.O. Box 1566 Manitowoc, WI 54221	-					55.00
Account No.						
Associated Collectors, Inc P.O. Box 1039 Janesville, WI 53547-1039	-	7/1/04 Medical Services				151.00
Account No. 1208191		Consumer Debt				
Association Collection 4040 W. 70th Street Minneapolis, MN 55435	-					0.00
Sheet no. <u>1</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			<b>2,081.00</b>

In re

**Reshunda Lavita Hall**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. <b>225-272-8227 225-275-8012</b>		Phone Service				
Bell South 12112 Scotland Ave. Baton Rouge, LA 70807	-					<b>500.00</b>
Account No. <b>48490</b>		Consumer Debt				
Black Expressions P.O. Box 330066 NorthGlenn, CO 80233-8066	-					<b>196.00</b>
Account No.		4/1/00 Credit Card Debt				
Capital One P.O. Box 30285 Salt Lake City, UT 84130-0285	-					<b>273.00</b>
Account No.		2007 Consumer Debt				
Cardinal Stritch University 6801 N. Yates Rd. Milwaukee, WI 53217	-					<b>250.00</b>
Account No. <b>108590</b>		11/21/07 Medical Services				
Children's Health System P.O. Box 2041 Milwaukee, WI 53201	-					<b>35.00</b>
Sheet no. <b>2</b> of <b>14</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				<b>1,254.00</b>

In re

**Reshunda Lavita Hall**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.		Med-Health Financial Services, Inc. 10200 W. Innovation Dr #100 PO Box 1996 Milwaukee, WI 53201-1996				
Children's Health System		2007 Medical Services				
Account No. 1128533	-	Med-Health Financial Services, Inc. 10200 W. Innovation Dr #100 PO Box 1996 Milwaukee, WI 53201-1996				89.00
Children's Hospital of WI Drawer 531 Milwaukee, WI 53278		2007 Medical Services				
Account No.		Med-Health Financial Services, Inc. 10200 W. Innovation Dr #100 PO Box 1996 Milwaukee, WI 53201-1996				
Children's Hospital of WI		Medical Services				
Account No. 135493	-	Med-Health Financial Services, Inc. 10200 W. Innovation Dr #100 PO Box 1996 Milwaukee, WI 53201-1996				
Chlidrens Urgent Care P.O Box 88344 Milwaukee, WI 53288-0344		2007 Phone Service				35.00
Account No. X5873439-TT-ST520-999	-	2007 Phone Service				
Cingular Wireless 32255 Northwestern Hwy #100 Farmington, MI 48334						746.47
Sheet no. <u>3</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				<b>870.47</b>

In re

**Reshunda Lavita Hall**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.		I.C. System, Inc. P.O. Box 64437 Saint Paul, MN 55164-0437				
Cingular Wireless						
Account No. 01-01-00017066		Medical Services				
City of Beloit Fire Dept.	-					540.75
Account No. 383768534		2/19/08 violations				
City of Milwaukee Violations Bureau P.O. Box 346 Milwaukee, WI 53201-0346	-					15.00
Account No. 2007SC037717		10/16/07 Money Judgment - Medical services				
Columbia Center LLC 2025 E. Newport Ave. Ste 3000 Milwaukee, WI 53211	-					428.64
Account No.		Americollect P.O. Box 1566 Manitowoc, WI 54221				
Columbia Center LLC						
Sheet no. <u>4</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				<b>984.39</b>

In re

**Reshunda Lavita Hall**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.						
<b>Columbia Center LLC</b>		<b>Attorney Keary W. Bilka 935 S. 8th Street #101 Manitowoc, WI 54220-4534</b>				
Account No. <b>8040958 987058007 115806785</b>		<b>Medical Services</b>				
<b>Columbia Hospital Box 88665 Milwaukee, WI 53288-0665</b>	-	<b>2007 Medical Services</b>				<b>3,729.06</b>
Account No. <b>117776190</b>		<b>9/1/07 Cable Service</b>				
<b>Columbia St. Mary's Payment Processing Center P.O. Box 2960 Milwaukee, WI 53201-2960</b>	-					<b>45.60</b>
Account No.						
<b>Direct TV Customer Service P.O. Box 29079 Glendale, CA 91209-9079</b>	-					<b>162.00</b>
Account No.		<b>FAMS P.O. Box 451409 Atlanta, GA 31145</b>				
<b>Direct TV</b>						
Sheet no. <b>5</b> of <b>14</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			<b>3,936.66</b>

In re

**Reshunda Lavita Hall**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. <b>6011004650613697</b>		Credit Card Debt				
Discover Financial Sevice 8475 Sandy PK Sandy Sandy, UT 84070	-					<b>2,914.17</b>
Account No.		Credigy Service Corp. P.O. Box 2689 Suwanee, GA 30024				
Discover Financial Sevice						
Account No.		Medical Services				
Dr. Arnold	-					<b>579.00</b>
Account No. <b>27188DR10</b>		Medical Services				
Falls Collection Service P.O. Box 668 Germantown, WI 53022	-					<b>348.00</b>
Account No. <b>517800708594661</b>		12/1/02 Credit Card Debt				
First Premier Bank P.O. Box 5524 Sioux Falls, SD 57117-5524	-					<b>302.00</b>
Sheet no. <b>6</b> of <b>14</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				<b>4,143.17</b>

In re

**Reshunda Lavita Hall**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.		<b>Medical Services</b>				
<b>Froedtert Hospital</b> 9200 W Wisconsin Ave Milwaukee, WI 53226	-					<b>444.00</b>
Account No.		<b>Med-Health Financial Services, Inc.</b> 10200 W. Innovation Dr #100 PO Box 1996 Milwaukee, WI 53201-1996				
Account No. 154308940273		<b>Automobile</b>				
<b>GMAC</b> P.O. Box 2150 Greeley, CO 80632	-					<b>4,601.00</b>
Account No.		<b>2/1/04</b> <b>Deficiency on Vehicle</b>				
<b>Honda Finance Corp</b> P.O. Box 5308 Elgin, IL 60121-5308	-					<b>1,841.00</b>
Account No.		<b>3/1/07</b> <b>Student Loan</b>				
<b>IL DESIGNATE V</b> 1755 Lake Cook Rd. Deerfield, IL 60015	-					<b>24,893.00</b>
Sheet no. <u>7</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				<b>31,779.00</b>

In re

**Reshunda Lavita Hall**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. <b>39285211</b>		<b>2007</b> <b>Medical Services</b>				
<b>Infinity Healthcare Physicians SC</b> P.O. Box 3261 Milwaukee, WI 53201-3261	-					<b>423.00</b>
Account No.		<b>NCO Financial Systems Inc</b> P.O. Box 15630 Dept 99 Wilmington, DE 19850				
<b>Infinity Healthcare Physicians SC</b>						
Account No. <b>10438281</b>		<b>9/13/07</b> <b>Consumer Debt</b>				
<b>Knightsbridge Receivables</b> Management P.O. Box 1975 Southgate, MI 48195-0975	-					<b>2,860.49</b>
Account No. <b>43718179</b>		<b>Medical Services</b>				
<b>Med-Health Financial Services, Inc.</b> 10200 W. Innovation Dr #100 PO Box 1996 Milwaukee, WI 53201-1996	-					<b>315.00</b>
Account No. <b>4M2825406</b>		<b>2007</b> <b>Medical Services</b>				
<b>Medical College of Wisconsin</b> Childrens Speciality Group P.O. Box 13367 Milwaukee, WI 53213-0367	-					<b>585.90</b>
Sheet no. <b>8</b> of <b>14</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			<b>4,184.39</b>

In re

**Reshunda Lavita Hall**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. <b>1134346</b>		<b>Medical Services</b>				
Medical College of Wisconsin Childrens Speciality Group P.O. Box 13367 Milwaukee, WI 53213-0367	-					<b>171.00</b>
Account No.		<b>Med-Health Financial Services, Inc. 10200 W. Innovation Dr #100 PO Box 1996 Milwaukee, WI 53201-1996</b>				
Medical College of Wisconsin						
Account No. <b>3M2659770 4M2825406 3M2659770</b>		<b>Medical Services</b>				
Medical College Physicians P.O. Box 13308 Milwaukee, WI 53213-0308	-					<b>289.51</b>
Account No.		<b>9/1/07 Medical Services</b>				
NCO - MEDCLR P.O. Box 41448 Philadelphia, PA 19101	-					<b>423.00</b>
Account No. <b>04200080935 / 7708454363/18400</b>		<b>Medical Services</b>				
North Shore Agency 751 Summa Ave. Westbury, NY 11590	-					<b>380.79</b>
Sheet no. <b>9</b> of <b>14</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			<b>1,264.30</b>

In re

**Reshunda Lavita Hall**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. <b>0213509365</b>		<b>2007</b> <b>Credit Card Debt</b>				
<b>Providian Financial</b> P.O. Box 660433 Dallas, TX 75266-0433	-					<b>2,144.00</b>
Account No.		<b>2007</b> <b>Association Fees</b>				
<b>Royal Orleans Association</b> P.O. Box 250 862 Milwaukee, WI 53225	-					<b>730.00</b>
Account No. <b>992299</b>		<b>Consumer Debt</b>				
<b>Sable Chase Apartments</b> 1860 Blvd. De Providence Baton Rouge, LA 70816	-					<b>2,000.00</b>
Account No.		<b>Telecovery</b> 3800 Florida Blvd Kenner, LA 70062				
<b>Sable Chase Apartments</b>						
Account No. <b>143930071-307</b>		<b>Consumer Debt</b>				
<b>Scholastic</b> 2931 East McCarty Street Jefferson City, MO 65101	-					<b>29.86</b>
Sheet no. <b>10</b> of <b>14</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				<b>4,903.86</b>

In re

**Reshunda Lavita Hall**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. <b>11765</b>		<b>2007</b> <b>Medical Services</b>				
Shoreview Pediatrics 2524 E. Webster Place Suite 301 Milwaukee, WI 53211	-					<b>45.10</b>
Account No.		<b>1/1/05</b> <b>Student Loan</b>				
SM Servicing B P.O. Box 9500 Wilkes Barre, PA 18773	-	<b>Payment deferred</b>				<b>61,500.00</b>
Account No. <b>2274047</b>		<b>2007</b> <b>Phone Service</b>				
Sprint PCS P.O. Box 219554 Kansas City, MO 64121	-					<b>535.00</b>
Account No.		<b>Collection</b> <b>700 Longwater Drive</b> <b>Norwell, MA 02061</b>				
Sprint PCS						
Account No. <b>7621231 - 7064904</b>		<b>Medical Services</b>				
State Collections P.O. Box 6250 Madison, WI 53701	-					<b>209.00</b>
Sheet no. <b>11</b> of <b>14</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			<b>62,289.10</b>

In re

**Reshunda Lavita Hall**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. <b>7064904</b>		Consumer Debt				
<b>State Collections P.O. Box 6250 Madison, WI 53701</b>	-					<b>92.00</b>
Account No. <b>12149902A</b>		10/1/03 Cable Service				
<b>Time Warner Cable Retention Department 1320 North Martin Luther King Dr. Milwaukee, WI 53212</b>	-					<b>226.00</b>
Account No.		Financial Control Solution P.O. Box 668 Germantown, WI 53022-0668				
<b>Time Warner Cable</b>						
Account No. <b>15513462</b>		Consumer Debt				
<b>United Collect Inc. P.O. Box 88830 Seattle, WA 98138</b>	-					<b>0.00</b>
Account No.		Phone Service				
<b>Verizon Wireless Bankruptcy Dept. P.O. Box 3397 Bloomington, IL 61702</b>	-					<b>0.00</b>
Sheet no. <b>12</b> of <b>14</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				<b>318.00</b>

In re

**Reshunda Lavita Hall**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. <b>133091</b>		<b>Medical Services</b>				
Walgreens Home Healthcare 21779 Network Place Chicago, IL 60673-1217	-					<b>233.37</b>
Account No.						
Walgreens Home Healthcare		<b>Recovery Solutions Specialists, Inc. 2525 N. Mayfair Rd. Milwaukee, WI 53226</b>				
Account No.		<b>10/1/03 Utilities</b>				
WE Energies 333 W. Everett Street Rm A130 Bankruptcy Dept. Milwaukee, WI 53203	-					<b>351.00</b>
Account No.		<b>12/1/06 Credit Card Debt</b>				
WFNNB/METRO Bankruptcy Department P.O. Box 182125 Columbus, OH 43218-2125	-					<b>209.00</b>
Account No. <b>1-95702-6</b>		<b>Medical Services</b>				
Wheaton Franciscan Medical Group P.O. Box 68-9711 Milwaukee, WI 53268-9711	-					<b>10.00</b>
Sheet no. <b>13</b> of <b>14</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			<b>803.37</b>

In re

**Reshunda Lavita Hall**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. <b>2007SC032090</b>		8/31/07 <b>Money Judgment - Utilities</b>				
Wisconsin Electric Power Co. 231 W. Michigan St. Rm A172 Milwaukee, WI 53203	-					<b>658.67</b>
Account No.						
Wisconsin Electric Power Co.		Attorney Terrence Cerni P.O. Box 1923 Room A130 Milwaukee, WI 53201-1923				
Account No.						
Account No.						
Account No.						
Account No.						
Sheet no. <b>14</b> of <b>14</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			<b>658.67</b>
			Total (Report on Summary of Schedules)			<b>123,594.85</b>

In re **Reshunda Lavita Hall**, Case No. \_\_\_\_\_  
 Debtor

## **SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code,  
 of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.  
 State whether lease is for nonresidential real property.  
 State contract number of any government contract.

**Honda Finance Corp  
 P.O. Box 5308  
 Elgin, IL 60121-5308**

**Debtor will reject this lease and surrender the  
 Honda Odyssey**

In re Reshunda Lavita Hall, Case No. \_\_\_\_\_,  
Debtor

## SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

---

NAME AND ADDRESS OF CODEBTOR

---

NAME AND ADDRESS OF CREDITOR

---

In re Reshunda Lavita Hall

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S):	AGE(S):
<b>Married</b>	Daughter Daughter Daughter	1 2 7
<b>Employment:</b>	DEBTOR	SPOUSE
Occupation	<b>Teacher</b>	
Name of Employer	<b>Milwaukee Public Schools</b>	
How long employed	<b>5 years</b>	
Address of Employer		

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)  
 2. Estimate monthly overtime

DEBTOR	SPOUSE
\$ <b>4,002.77</b>	\$ <b>N/A</b>
\$ <b>0.00</b>	\$ <b>N/A</b>

## 3. SUBTOTAL

\$ <b>4,002.77</b>	\$ <b>N/A</b>
--------------------	---------------

## 4. LESS PAYROLL DEDUCTIONS

- a. Payroll taxes and social security  
 b. Insurance  
 c. Union dues  
 d. Other (Specify): Deduct - W  
Income Pro Teacher Wash Natl

DEBTOR	SPOUSE
\$ <b>793.85</b>	\$ <b>N/A</b>
\$ <b>48.60</b>	\$ <b>N/A</b>
\$ <b>101.90</b>	\$ <b>N/A</b>
\$ <b>640.71</b>	\$ <b>N/A</b>
\$ <b>101.90</b>	\$ <b>N/A</b>

## 5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ <b>1,686.96</b>	\$ <b>N/A</b>
--------------------	---------------

## 6. TOTAL NET MONTHLY TAKE HOME PAY

\$ <b>2,315.81</b>	\$ <b>N/A</b>
--------------------	---------------

7. Regular income from operation of business or profession or farm (Attach detailed statement)

\$ <b>0.00</b>	\$ <b>N/A</b>
\$ <b>0.00</b>	\$ <b>N/A</b>
\$ <b>0.00</b>	\$ <b>N/A</b>

8. Income from real property

\$ <b>0.00</b>	\$ <b>N/A</b>
----------------	---------------

9. Interest and dividends

\$ <b>0.00</b>	\$ <b>N/A</b>
----------------	---------------

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above

\$ <b>0.00</b>	\$ <b>N/A</b>
----------------	---------------

11. Social security or government assistance

\$ <b>0.00</b>	\$ <b>N/A</b>
----------------	---------------

(Specify):

\$ <b>0.00</b>	\$ <b>N/A</b>
----------------	---------------

12. Pension or retirement income

\$ <b>0.00</b>	\$ <b>N/A</b>
----------------	---------------

13. Other monthly income

\$ <b>0.00</b>	\$ <b>N/A</b>
----------------	---------------

(Specify):

\$ <b>0.00</b>	\$ <b>N/A</b>
----------------	---------------

## 14. SUBTOTAL OF LINES 7 THROUGH 13

\$ <b>0.00</b>	\$ <b>N/A</b>
----------------	---------------

## 15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

\$ <b>2,315.81</b>	\$ <b>N/A</b>
--------------------	---------------

## 16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

**Debtor does not anticipate a change to her income or expenses in the immediate future and the debtor is not a current participant in an Educational IRA.**

In re Reshunda Lavita Hall

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ <u>470.00</u>
a. Are real estate taxes included? Yes <u>      </u> No <u>X</u>	
b. Is property insurance included? Yes <u>      </u> No <u>X</u>	
2. Utilities:	
a. Electricity and heating fuel	\$ <u>167.00</u>
b. Water and sewer	\$ <u>20.00</u>
c. Telephone	\$ <u>20.00</u>
d. Other <u>                        </u>	\$ <u>0.00</u>
3. Home maintenance (repairs and upkeep)	\$ <u>20.00</u>
4. Food	\$ <u>400.00</u>
5. Clothing	\$ <u>150.00</u>
6. Laundry and dry cleaning	\$ <u>76.00</u>
7. Medical and dental expenses	\$ <u>30.00</u>
8. Transportation (not including car payments)	\$ <u>150.00</u>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ <u>50.00</u>
10. Charitable contributions	\$ <u>100.00</u>
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner's or renter's	\$ <u>14.92</u>
b. Life	\$ <u>0.00</u>
c. Health	\$ <u>0.00</u>
d. Auto	\$ <u>87.00</u>
e. Other <u>                        </u>	\$ <u>0.00</u>
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) <u>                        </u>	\$ <u>0.00</u>
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$ <u>0.00</u>
b. Other <u>Sallie Mae -student loans</u>	\$ <u>300.00</u>
c. Other <u>                        </u>	\$ <u>0.00</u>
14. Alimony, maintenance, and support paid to others	\$ <u>0.00</u>
15. Payments for support of additional dependents not living at your home	\$ <u>0.00</u>
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$ <u>0.00</u>
17. Other <u>See Detailed Expense Attachment</u>	\$ <u>1,000.00</u>
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$ <u>3,054.92</u>
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:	
20. STATEMENT OF MONTHLY NET INCOME	
a. Average monthly income from Line 15 of Schedule I	\$ <u>2,315.81</u>
b. Average monthly expenses from Line 18 above	\$ <u>3,054.92</u>
c. Monthly net income (a. minus b.)	\$ <u>-739.11</u>

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**  
**Detailed Expense Attachment**

**Other Expenditures:**

<u>Education neccessary for employment</u>	\$ <u>300.00</u>
<u>childcare</u>	\$ <u>500.00</u>
<u>Education expenes for children</u>	\$ <u>200.00</u>
<u>Total Other Expenditures</u>	\$ <u>1,000.00</u>

**United States Bankruptcy Court  
Eastern District of Wisconsin**

In re Reshunda Lavita Hall

Debtor(s)

Case No.

Chapter

7

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 30 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date February 20, 2008

Signature /s/ Reshunda Lavita Hall  
Reshunda Lavita Hall  
Debtor

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court**  
**Eastern District of Wisconsin**

In re Reshunda Lavita Hall

Debtor(s)

Case No.  
Chapter7

**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

***DEFINITIONS***

*"In business."* A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

*"Insider."* The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

---

**1. Income from employment or operation of business**

None  

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
<b>\$3,726.02</b>	<b>Milwaukee Public Schools</b> <b>2008</b>
<b>\$0.00</b>	<b>Milwaukee Public Schools</b> <b>2007</b>
<b>\$78,428.00</b>	<b>Milwaukee Public Schools</b> <b>2006</b>
<b>\$69,904.00</b>	<b>Milwaukee Public Schools</b> <b>2005</b>

## 2. Income other than from employment or operation of business

None  State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
<b>\$2,000.00</b>	<b>403 B withdrawal in December of 2007</b>

## 3. Payments to creditors

None  *Complete a. or b., as appropriate, and c.*

a. *Individual or joint debtor(s) with primarily consumer debts.* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT STILL OWING
None <input checked="" type="checkbox"/>	b. <i>Debtor whose debts are not primarily consumer debts:</i> List each payment or other transfer to any creditor made within <b>90 days</b> immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)	AMOUNT PAID

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
None <input checked="" type="checkbox"/>	c. <i>All debtors:</i> List all payments made within <b>one year</b> immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)	AMOUNT PAID	AMOUNT STILL OWING

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
--	-----------------	-------------	-----------------------

## 4. Suits and administrative proceedings, executions, garnishments and attachments

None  a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
<b>Reshunda Hall vs. Marioi R. Hall</b>	<b>Domestic Abuse-Temp Rest Order</b>	<b>Milwaukee County</b>	<b>OPEN</b>
			<b>2/19/08 Injunction hearing</b>

**208FA000886**

<b>In RE the marriage of Reshunda Lavita Hall and Mario Redell Hall</b>	<b>Divorce</b>	<b>Milwaukee County</b>	<b>OPEN</b>
			<b>5/15/08 Dismissal calendar</b>

**2008FA000432**

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
<b>Columbia Center LLC vs. Reshunda L Hall</b>	<b>MOney Judgment</b>	<b>Milwaukee County</b>	<b>closed</b>
<b>2007SC037717</b>			
<b>Wisconsin Electric Power Company vs. Reshunda Stephens</b>	<b>Money Judgment</b>	<b>Milwaukee County</b>	<b>closed</b>
<b>2007SC032090</b>			
<b>American General Financial Services vs. Reshunda Hall et al</b>	<b>Money Judgment</b>	<b>Milwaukee County</b>	<b>closed</b>
<b>2007SC019864</b>			
None	b. Describe all property that has been attached, garnished or seized under any legal or equitable process within <b>one year</b> immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)		
NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED		DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
<b>5. Repossessions, foreclosures and returns</b>			
None	List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within <b>one year</b> immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)		
NAME AND ADDRESS OF CREDITOR OR SELLER		DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
<b>6. Assignments and receiverships</b>			
None	a. Describe any assignment of property for the benefit of creditors made within <b>120 days</b> immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)		
NAME AND ADDRESS OF ASSIGNEE		DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
None	b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within <b>one year</b> immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)		
NAME AND ADDRESS OF CUSTODIAN		NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER
DESCRIPTION AND VALUE OF PROPERTY			

## 7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
--	--------------------------------	--------------	-------------------------------

## 8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
-----------------------------------	--	--------------

## 9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
<b>MILLER &amp; MILLER</b> <b>633 W. Wisconsin Avenue</b> <b>Suite 1500</b> <b>Milwaukee, WI 53203-1918</b>	<b>2/4/08</b>	<b>700.00</b>
<b>GreenPath Debt Solutions</b> <b>38505 Country Club Drive Suite 250</b> <b>Farmington, MI 48331</b>	<b>2/2/08</b>	<b>50.00</b>

## 10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFeree, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
---	------	---

None

b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
-------------------------------	------------------------	---

### 11. Closed financial accounts

None

- List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
---------------------------------	--	---------------------------------------

### 12. Safe deposit boxes

None

- List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
---	---	----------------------------	--

### 13. Setoffs

None

- List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
------------------------------	----------------	------------------

### 14. Property held for another person

None

- List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
---------------------------	--------------------------------------	----------------------

### 15. Prior address of debtor

None

- If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
---------	-----------	--------------------

### 16. Spouses and Former Spouses

None

- If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

**Mario Hall - married for 3 years**

## 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

- None ■ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
-----------------------	--	-------------------	----------------------

- None ■ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
-----------------------	--	-------------------	----------------------

- None ■ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
--	---------------	-----------------------

## 18 . Nature, location and name of business

- None ■ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
------	--	---------	--------------------	-------------------------------

- None ■ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
------	---------

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date February 20, 2008

Signature /s/ Reshunda Lavita Hall  
**Reshunda Lavita Hall**  
Debtor

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571*

**United States Bankruptcy Court**  
**Eastern District of Wisconsin**

In re Reshunda Lavita Hall

Debtor(s)

Case No.

Chapter

7

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	\$ <u>0.00</u>
Prior to the filing of this statement I have received.....	\$ <u>0.00</u>
Balance Due.....	\$ <u>0.00</u>

2. The source of the compensation paid to me was:

Debtor       Other (specify):

3. The source of compensation to be paid to me is:

Debtor       Other (specify):

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

**Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: February 20, 2008

/s/ James L. Miller

James L. Miller 1000569

MILLER & MILLER

633 W. Wisconsin Avenue

Suite 1500

Milwaukee, WI 53203-1918

414-277-7742 Fax: 414-277-1303

**United States Bankruptcy Court**  
**Eastern District of Wisconsin**

In re Reshunda Lavita Hall

Debtor(s)

Case No.  
Chapter

7

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

- I have filed a schedule of assets and liabilities which includes debts secured by property of the estate.
- I have filed a schedule of executory contracts and unexpired leases which includes personal property subject to an unexpired lease.
- I intend to do the following with respect to property of the estate which secures those debts or is subject to a lease:

Description of Secured Property	Creditor's Name	Property will be Surrendered	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)
<b>2001 Windstar with 50000 miles - this car is driven by the debtor's non filing spouse. This vehicle is not in the debtor's possession. The debtor desires to surrender her interest in this vehicle.</b>	<b>Franklin Financial Corporation</b>	<b>X</b>			
<b>2007 Honda Odyssey with 11000 miles - LEASED</b>	<b>Honda Finance Corp</b>	<b>X</b>			
<b>Homestead located at 6540 N. Bourbon St. Debtor paid \$46,000.00 for this condominium 4 years ago. She believes today the value is about \$60,000.00 at most.</b>	<b>Wells Fargo Home Mortgage</b>				<b>X</b>

Description of Leased Property	Lessor's Name	Lease will be assumed pursuant to 11 U.S.C. § 362(h)(1)(A)
<b>-NONE-</b>		

Date February 20, 2008

Signature /s/ Reshunda Lavita Hall

**Reshunda Lavita Hall**  
Debtor

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF WISCONSIN

**NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b)  
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

**1. Services Available from Credit Counseling Agencies**

**With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis.** The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

**Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total Fee \$299)**

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)**

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

**Certificate of Attorney**

I hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

James L. Miller 1000569

Printed Name of Attorney

Address:

**633 W. Wisconsin Avenue  
Suite 1500  
Milwaukee, WI 53203-1918  
414-277-7742**

X /s/ James L. Miller

Signature of Attorney

**February 20, 2008**

Date

**Certificate of Debtor**

I (We), the debtor(s), affirm that I (we) have received and read this notice.

Reshunda Lavita Hall

Printed Name(s) of Debtor(s)

Case No. (if known) \_\_\_\_\_

X /s/ Reshunda Lavita Hall

Signature of Debtor

**February 20, 2008**

Date

X

Signature of Joint Debtor (if any)

Date

**United States Bankruptcy Court  
Eastern District of Wisconsin**

In re Reshunda Lavita Hall

Debtor(s)

Case No.  
Chapter

7

**VERIFICATION OF CREDITOR MATRIX**

The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date: February 20, 2008

/s/ Reshunda Lavita Hall

**Reshunda Lavita Hall**

Signature of Debtor

Allied Technologies  
N27 W23953 Paul Road Suite 201  
Pewaukee, WI 53072

American Family Insurance  
6000 American Pkwy  
Madison, WI 53783-0001

American General Finance  
5158D South 108th Street  
Hales Corners, WI 53130

American General Finance  
P.O. Box 67  
Hales Corners, WI 53130

Americollect  
P.O. Box 1566  
Manitowoc, WI 54221

Americollect  
P.O. Box 1566  
Manitowoc, WI 54221

Americollect  
P.O. Box 1566  
Manitowoc, WI 54221

Associated Collectors, Inc  
P.O. Box 1039  
Janesville, WI 53547-1039

Association Collection  
4040 W. 70th Street  
Minneapolis, MN 55435

Attorney Keary W. Bilka  
935 S. 8th Street #101  
Manitowoc, WI 54220-4534

Attorney Matthew J. Tadych  
5232 W Oklahoma Ave  
Milwaukee, WI

Attorney Terrence Cerni  
P.O. Box 1923 Room A130  
Milwaukee, WI 53201-1923

Bell South  
12112 Scotland Ave.  
Baton Rouge, LA 70807

Black Expressions  
P.O. Box 330066  
NorthGlenn, CO 80233-8066

Capital One  
P.O. Box 30285  
Salt Lake City, UT 84130-0285

Cardinal Stritch University  
6801 N. Yates Rd.  
Milwaukee, WI 53217

Children's Health System  
P.O. Box 2041  
Milwaukee, WI 53201

Children's Hospital of WI  
Drawer 531  
Milwaukee, WI 53278

Chlidrens Urgent Care  
P.O Box 88344  
Milwaukee, WI 53288-0344

Cingular Wireless  
32255 Northwestern Hwy #100  
Farmington, MI 48334

City of Beloit Fire Dept.

City of Milwaukee  
Violations Bureau  
P.O. Box 346  
Milwaukee, WI 53201-0346

Collection  
700 Longwater Drive  
Norwell, MA 02061

Columbia Center LLC  
2025 E. Newport Ave. Ste 3000  
Milwaukee, WI 53211

Columbia Hospital  
Box 88665  
Milwaukee, WI 53288-0665

Columbia St. Mary's  
Payment Processing Center  
P.O. Box 2960  
Milwaukee, WI 53201-2960

Credigy Service Corp.  
P.O. Box 2689  
Suwanee, GA 30024

Direct TV  
Customer Service  
P.O. Box 29079  
Glendale, CA 91209-9079

Discover Financial Sevice  
8475 Sandy PK Sandy  
Sandy, UT 84070

Dr. Arnold

Falls Collection Service  
P.O. Box 668  
Germantown, WI 53022

FAMS  
P.O. Box 451409  
Atlanta, GA 31145

Financial Control Solution  
P.O. Box 668  
Germantown, WI 53022-0668

First Premier Bank  
P.O. Box 5524  
Sioux Falls, SD 57117-5524

Franklin Financial Corporation  
6001 W. Capitol Drive Suite 205  
Milwaukee, WI 53216

Froedtert Hospital  
9200 W Wisconsin Ave  
Milwaukee, WI 53226

GMAC  
P.O. Box 2150  
Greeley, CO 80632

Honda Finance Corp  
P.O. Box 5308  
Elgin, IL 60121-5308

Honda Finance Corp  
P.O. Box 5308  
Elgin, IL 60121-5308

Honda Finance Corp  
P.O. Box 5308  
Elgin, IL 60121-5308

I.C. System, Inc.  
P.O. Box 64437  
Saint Paul, MN 55164-0437

IL DESIGNATE V  
1755 Lake Cook Rd.  
Deerfield, IL 60015

Infinity Healthcare Physicians SC  
P.O. Box 3261  
Milwaukee, WI 53201-3261

Internal Revenue Service  
P.O. Box 21126  
Philadelphia, PA 19114-0326

Knightsbridge Receivables Management  
P.O. Box 1975  
Southgate, MI 48195-0975

Med-Health Financial Services, Inc.  
10200 W. Innovation Dr #100  
PO Box 1996  
Milwaukee, WI 53201-1996

Med-Health Financial Services, Inc.  
10200 W. Innovation Dr #100  
PO Box 1996  
Milwaukee, WI 53201-1996

Med-Health Financial Services, Inc.  
10200 W. Innovation Dr #100  
PO Box 1996  
Milwaukee, WI 53201-1996

Med-Health Financial Services, Inc.  
10200 W. Innovation Dr #100  
PO Box 1996  
Milwaukee, WI 53201-1996

Med-Health Financial Services, Inc.  
10200 W. Innovation Dr #100  
PO Box 1996  
Milwaukee, WI 53201-1996

Medical College of Wisconsin  
Childrens Speciality Group  
P.O. Box 13367  
Milwaukee, WI 53213-0367

Medical College of Wisconsin  
Childrens Speciality Group  
P.O. Box 13367  
Milwaukee, WI 53213-0367

Medical College Physicians  
P.O. Box 13308  
Milwaukee, WI 53213-0308

NCO - MEDCLR  
P.O. Box 41448  
Philadelphia, PA 19101

NCO Financial Systems Inc  
P.O. Box 15630  
Dept 99  
Wilmington, DE 19850

North Shore Agency  
751 Summa Ave.  
Westbury, NY 11590

Providian Financial  
P.O. Box 660433  
Dallas, TX 75266-0433

Recovery Solutions Specialists, Inc.  
2525 N. Mayfair Rd.  
Milwaukee, WI 53226

Royal Orleans Association  
P.O. Box 250 862  
Milwaukee, WI 53225

Sable Chase Apartments  
1860 Blvd. De Providence  
Baton Rouge, LA 70816

Scholastic  
2931 East McCarty Street  
Jefferson City, MO 65101

Shoreview Pediatrics  
2524 E. Webster Place Suite 301  
Milwaukee, WI 53211

SM Servicing B  
P.O. Box 9500  
Wilkes Barre, PA 18773

Sprint PCS  
P.O. Box 219554  
Kansas City, MO 64121

State Collections  
P.O. Box 6250  
Madison, WI 53701

State Collections  
P.O. Box 6250  
Madison, WI 53701

Telecovery  
3800 Florida Blvd  
Kenner, LA 70062

Time Warner Cable  
Retention Department  
1320 North Martin Luther King Dr.  
Milwaukee, WI 53212

United Collect Inc.  
P.O. Box 88830  
Seattle, WA 98138

Verizon Wireless Bankruptcy Dept.  
P.O. Box 3397  
Bloomington, IL 61702

Walgreens Home Healthcare  
21779 Network Place  
Chicago, IL 60673-1217

WE Energies  
333 W. Everett Street  
Rm A130 Bankruptcy Dept.  
Milwaukee, WI 53203

Wells Fargo Home Mortgage  
P.O. Box 10335  
Des Moines, IA 50306-0335

WFNNB/METRO  
Bankruptcy Department  
P.O. Box 182125  
Columbus, OH 43218-2125

Wheaton Franciscan Medical Group  
P.O. Box 68-9711  
Milwaukee, WI 53268-9711

Wisconsin Electric Power Co.  
231 W. Michigan St. Rm A172  
Milwaukee, WI 53203

In re Reshunda Lavita Hall  
 Debtor(s)  
 Case Number: \_\_\_\_\_  
 (If known)

According to the calculations required by this statement:

- The presumption arises.**  
 **The presumption does not arise.**

(Check the box as directed in Parts I, III, and VI of this statement.)

## CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

### **Part I. EXCLUSION FOR DISABLED VETERANS AND NON-CONSUMER DEBTORS**

1A	If you are a disabled veteran described in the Veteran's Declaration in this Part I, (1) check the box at the beginning of the Veteran's Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
1B	<input type="checkbox"/> <b>Veteran's Declaration.</b> By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.  <input type="checkbox"/> <b>Declaration of non-consumer debts.</b> By checking this box, I declare that my debts are not primarily consumer debts.

### **Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION**

2	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.	<b>Column A</b> <b>Debtor's Income</b>	<b>Column B</b> <b>Spouse's Income</b>
3	<b>Gross wages, salary, tips, bonuses, overtime, commissions.</b>	<b>\$ 4,036.14</b>	<b>\$ 0.00</b>
4	<b>Income from the operation of a business, profession or farm.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. <b>Do not include any part of the business expenses entered on Line b as a deduction in Part V.</b>	<input type="checkbox"/> <b>Gross receipts</b> \$ <b>0.00</b>	<input type="checkbox"/> <b>Debtor</b> \$ <b>0.00</b>
		<input type="checkbox"/> <b>Ordinary and necessary business expenses</b> \$ <b>0.00</b>	<input type="checkbox"/> <b>Spouse</b> \$ <b>0.00</b>
		<input type="checkbox"/> <b>Business income</b> \$ <b>0.00</b>	Subtract Line b from Line a
5	<b>Rents and other real property income.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. <b>Do not include any part of the operating expenses entered on Line b as a deduction in Part V.</b>	<input type="checkbox"/> <b>Gross receipts</b> \$ <b>0.00</b>	<input type="checkbox"/> <b>Debtor</b> \$ <b>0.00</b>
		<input type="checkbox"/> <b>Ordinary and necessary operating expenses</b> \$ <b>0.00</b>	<input type="checkbox"/> <b>Spouse</b> \$ <b>0.00</b>
		<input type="checkbox"/> <b>Rent and other real property income</b> \$ <b>0.00</b>	Subtract Line b from Line a
6	<b>Interest, dividends, and royalties.</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
7	<b>Pension and retirement income.</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

8	<b>Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose.</b> Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed.			\$ <b>0.00</b>	\$ <b>0.00</b>						
9	<b>Unemployment compensation.</b> Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:			\$ <b>0.00</b>	\$ <b>0.00</b>						
10	<b>Income from all other sources.</b> Specify source and amount. If necessary, list additional sources on a separate page. <b>Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance.</b> Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.			\$ <b>0.00</b>	\$ <b>0.00</b>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Debtor</th> <th style="width: 50%;">Spouse</th> </tr> </thead> <tbody> <tr> <td>a. \$</td> <td>\$</td> </tr> <tr> <td>b. \$</td> <td>\$</td> </tr> </tbody> </table>			Debtor	Spouse	a. \$	\$	b. \$	\$		
Debtor	Spouse										
a. \$	\$										
b. \$	\$										
	Total and enter on Line 10			\$ <b>0.00</b>	\$ <b>0.00</b>						
11	<b>Subtotal of Current Monthly Income for § 707(b)(7).</b> Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).			\$ <b>4,036.14</b>	\$ <b>0.00</b>						
12	<b>Total Current Monthly Income for § 707(b)(7).</b> If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.			\$ <b>4,036.14</b>							

### **Part III. APPLICATION OF § 707(b)(7) EXCLUSION**

13	<b>Annualized Current Monthly Income for § 707(b)(7).</b> Multiply the amount from Line 12 by the number 12 and enter the result.			\$ <b>48,433.68</b>
14	<b>Applicable median family income.</b> Enter the median family income for the applicable state and household size. (This information is available by family size at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: <u>WI</u> b. Enter debtor's household size: <u>5</u>			\$ <b>81,460.00</b>
15	<b>Application of Section 707(b)(7).</b> Check the applicable box and proceed as directed. <input checked="" type="checkbox"/> <b>The amount on Line 13 is less than or equal to the amount on Line 14.</b> Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII. <input type="checkbox"/> <b>The amount on Line 13 is more than the amount on Line 14.</b> Complete the remaining parts of this statement.			

**Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)**

<b>Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)</b>								
16	<b>Enter the amount from Line 12.</b>			\$				
17	<b>Marital adjustment.</b> If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.			\$				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>a. \$</td> </tr> <tr> <td>b. \$</td> </tr> <tr> <td>c. \$</td> </tr> <tr> <td>d. \$</td> </tr> </tbody> </table>			a. \$	b. \$	c. \$	d. \$	\$
a. \$								
b. \$								
c. \$								
d. \$								
	Total and enter on Line 17			\$				
18	<b>Current monthly income for § 707(b)(2).</b> Subtract Line 17 from Line 16 and enter the result.			\$				

### **Part V. CALCULATION OF DEDUCTIONS FROM INCOME**

#### **Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)**

19A	<b>National Standards: food, clothing and other items.</b> Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)						\$																
19B	<b>National Standards: health care.</b> Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.						\$																
	<table border="1"> <thead> <tr> <th colspan="2"><b>Household members under 65 years of age</b></th> <th colspan="2"><b>Household members 65 years of age or older</b></th> </tr> </thead> <tbody> <tr> <td>a1.</td> <td>Allowance per member</td> <td>a2.</td> <td>Allowance per member</td> </tr> <tr> <td>b1.</td> <td>Number of members</td> <td>b2.</td> <td>Number of members</td> </tr> <tr> <td>c1.</td> <td>Subtotal</td> <td>c2.</td> <td>Subtotal</td> </tr> </tbody> </table>			<b>Household members under 65 years of age</b>		<b>Household members 65 years of age or older</b>		a1.	Allowance per member	a2.	Allowance per member	b1.	Number of members	b2.	Number of members	c1.	Subtotal	c2.	Subtotal				\$
<b>Household members under 65 years of age</b>		<b>Household members 65 years of age or older</b>																					
a1.	Allowance per member	a2.	Allowance per member																				
b1.	Number of members	b2.	Number of members																				
c1.	Subtotal	c2.	Subtotal																				
20A	<b>Local Standards: housing and utilities; non-mortgage expenses.</b> Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court).						\$																
20B	<b>Local Standards: housing and utilities; mortgage/rent expense.</b> Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. <b>Do not enter an amount less than zero.</b>						\$																
21	<b>Local Standards: housing and utilities; adjustment.</b> If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:						\$																
22A	<b>Local Standards: transportation; vehicle operation/public transportation expense.</b> You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more. If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)						\$																
22B	<b>Local Standards: transportation; additional public transportation expense.</b> If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)						\$																

23	<p><b>Local Standards: transportation ownership/lease expense; Vehicle 1.</b> Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)</p> <p><input type="checkbox"/> 1   <input type="checkbox"/> 2 or more.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. <b>Do not enter an amount less than zero.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">a.</td> <td style="width: 80%;">IRS Transportation Standards, Ownership Costs</td> <td style="width: 10%; text-align: right;">\$</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 1</td> <td style="text-align: right;">Subtract Line b from Line a.</td> </tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$
a.	IRS Transportation Standards, Ownership Costs	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$									
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.									
24	<p><b>Local Standards: transportation ownership/lease expense; Vehicle 2.</b> Complete this Line only if you checked the "2 or more" Box in Line 23.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. <b>Do not enter an amount less than zero.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">a.</td> <td style="width: 80%;">IRS Transportation Standards, Ownership Costs</td> <td style="width: 10%; text-align: right;">\$</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 2</td> <td style="text-align: right;">Subtract Line b from Line a.</td> </tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$
a.	IRS Transportation Standards, Ownership Costs	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$									
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.									
25	<p><b>Other Necessary Expenses: taxes.</b> Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. <b>Do not include real estate or sales taxes.</b></p>	\$									
26	<p><b>Other Necessary Expenses: involuntary deductions for employment.</b> Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. <b>Do not include discretionary amounts, such as voluntary 401(k) contributions.</b></p>	\$									
27	<p><b>Other Necessary Expenses: life insurance.</b> Enter total average monthly premiums that you actually pay for term life insurance for yourself. <b>Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.</b></p>	\$									
28	<p><b>Other Necessary Expenses: court-ordered payments.</b> Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. <b>Do not include payments on past due obligations included in Line 44.</b></p>	\$									
29	<p><b>Other Necessary Expenses: education for employment or for a physically or mentally challenged child.</b> Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.</p>	\$									
30	<p><b>Other Necessary Expenses: childcare.</b> Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. <b>Do not include other educational payments.</b></p>	\$									
31	<p><b>Other Necessary Expenses: health care.</b> Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. <b>Do not include payments for health insurance or health savings accounts listed in Line 34.</b></p>	\$									
32	<p><b>Other Necessary Expenses: telecommunication services.</b> Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. <b>Do not include any amount previously deducted.</b></p>	\$									
33	<p><b>Total Expenses Allowed under IRS Standards.</b> Enter the total of Lines 19 through 32.</p>	\$									

**Subpart B: Additional Living Expense Deductions****Note: Do not include any expenses that you have listed in Lines 19-32**

34	<p><b>Health Insurance, Disability Insurance, and Health Savings Account Expenses.</b> List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">a.</td> <td style="width: 60%;">Health Insurance</td> <td style="width: 30%; text-align: right;">\$</td> </tr> <tr> <td>b.</td> <td>Disability Insurance</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>c.</td> <td>Health Savings Account</td> <td style="text-align: right;">\$</td> </tr> </table> <p>Total and enter on Line 34.</p> <p>If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:</p> <p>\$_____</p>	a.	Health Insurance	\$	b.	Disability Insurance	\$	c.	Health Savings Account	\$	\$
a.	Health Insurance	\$									
b.	Disability Insurance	\$									
c.	Health Savings Account	\$									
35	<p><b>Continued contributions to the care of household or family members.</b> Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.</p>	\$									
36	<p><b>Protection against family violence.</b> Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.</p>	\$									
37	<p><b>Home energy costs.</b> Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. <b>You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.</b></p>	\$									
38	<p><b>Education expenses for dependent children less than 18.</b> Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. <b>You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.</b></p>	\$									
39	<p><b>Additional food and clothing expense.</b> Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) <b>You must demonstrate that the additional amount claimed is reasonable and necessary.</b></p>	\$									
40	<p><b>Continued charitable contributions.</b> Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).</p>	\$									
41	<p><b>Total Additional Expense Deductions under § 707(b).</b> Enter the total of Lines 34 through 40</p>	\$									

### Subpart C: Deductions for Debt Payment

42	<p><b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 10%;"></td> <td>Name of Creditor</td> <td>Property Securing the Debt</td> <td>Average Monthly Payment</td> <td>Does payment include taxes or insurance?</td> </tr> <tr> <td>a.</td> <td></td> <td></td> <td>\$</td> <td><input type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Total: Add Lines</td> <td></td> </tr> </table>						Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	a.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no				Total: Add Lines		\$
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?																	
a.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no																	
			Total: Add Lines																		
43	<p><b>Other payments on secured claims.</b> If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 10%;"></td> <td>Name of Creditor</td> <td>Property Securing the Debt</td> <td>1/60th of the Cure Amount</td> </tr> <tr> <td>a.</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Total: Add Lines</td> </tr> </table>						Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount	a.			\$				Total: Add Lines	\$			
	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount																		
a.			\$																		
			Total: Add Lines																		
44	<p><b>Payments on prepetition priority claims.</b> Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. <b>Do not include current obligations, such as those set out in Line 28.</b></p>					\$															
45	<p><b>Chapter 13 administrative expenses.</b> If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 10%;">a.</td> <td>Projected average monthly Chapter 13 plan payment.</td> <td>\$</td> </tr> <tr> <td>b.</td> <td>Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</td> <td>x</td> </tr> <tr> <td>c.</td> <td>Average monthly administrative expense of Chapter 13 case</td> <td>Total: Multiply Lines a and b</td> </tr> </table>					a.	Projected average monthly Chapter 13 plan payment.	\$	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	x	c.	Average monthly administrative expense of Chapter 13 case	Total: Multiply Lines a and b	\$						
a.	Projected average monthly Chapter 13 plan payment.	\$																			
b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	x																			
c.	Average monthly administrative expense of Chapter 13 case	Total: Multiply Lines a and b																			
46	<p><b>Total Deductions for Debt Payment.</b> Enter the total of Lines 42 through 45.</p>					\$															
<h3>Subpart D: Total Deductions from Income</h3>																					
47	<p><b>Total of all deductions allowed under § 707(b)(2).</b> Enter the total of Lines 33, 41, and 46.</p>					\$															
<h3>Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION</h3>																					
48	<p><b>Enter the amount from Line 18 (Current monthly income for § 707(b)(2))</b></p>					\$															
49	<p><b>Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))</b></p>					\$															
50	<p><b>Monthly disposable income under § 707(b)(2).</b> Subtract Line 49 from Line 48 and enter the result.</p>					\$															
51	<p><b>60-month disposable income under § 707(b)(2).</b> Multiply the amount in Line 50 by the number 60 and enter the result.</p>					\$															
52	<p><b>Initial presumption determination.</b> Check the applicable box and proceed as directed.</p> <p><input type="checkbox"/> <b>The amount on Line 51 is less than \$6,575.</b> Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.</p> <p><input type="checkbox"/> <b>The amount set forth on Line 51 is more than \$10,950</b> Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.</p> <p><input type="checkbox"/> <b>The amount on Line 51 is at least \$6,575, but not more than \$10,950.</b> Complete the remainder of Part VI (Lines 53 through 55).</p>																				
53	<p><b>Enter the amount of your total non-priority unsecured debt</b></p>					\$															
54	<p><b>Threshold debt payment amount.</b> Multiply the amount in Line 53 by the number 0.25 and enter the result.</p>					\$															

55	<p><b>Secondary presumption determination.</b> Check the applicable box and proceed as directed.</p> <p><input type="checkbox"/> <b>The amount on Line 51 is less than the amount on Line 54.</b> Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.</p> <p><input type="checkbox"/> <b>The amount on Line 51 is equal to or greater than the amount on Line 54.</b> Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.</p>
----	---

### **Part VII. ADDITIONAL EXPENSE CLAIMS**

56	<p><b>Other Expenses.</b> List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 85%;">Expense Description</th> <th style="width: 10%;">Monthly Amount</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td>\$</td> </tr> <tr> <td>b.</td> <td></td> <td>\$</td> </tr> <tr> <td>c.</td> <td></td> <td>\$</td> </tr> <tr> <td>d.</td> <td></td> <td>\$</td> </tr> <tr> <td align="right" style="padding-right: 10px;">Total:</td> <td style="border-top: none;">Add Lines a, b, c, and d</td> <td style="border-top: none;">\$</td> </tr> </tbody> </table>			Expense Description	Monthly Amount	a.		\$	b.		\$	c.		\$	d.		\$	Total:	Add Lines a, b, c, and d	\$
	Expense Description	Monthly Amount																		
a.		\$																		
b.		\$																		
c.		\$																		
d.		\$																		
Total:	Add Lines a, b, c, and d	\$																		

### **Part VIII. VERIFICATION**

57	<p>I declare under penalty of perjury that the information provided in this statement is true and correct. (<i>If this is a joint case, both debtors must sign.</i>)</p> <p>Date: <u>February 20, 2008</u></p> <p>Signature: <u>/s/ Reshunda Lavita Hall</u>  <b>Reshunda Lavita Hall</b>  (Debtor)</p>	
----	---	--

**Current Monthly Income Details for the Debtor****Debtor Income Details:**Income for the Period **08/01/2007** to **01/31/2008**.**Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions**Source of Income: **Reshunda - Milwaukee Public Schools**

Income by Month:

6 Months Ago:	<u>08/2007</u>	<u>\$3,587.73</u>
5 Months Ago:	<u>09/2007</u>	<u>\$3,587.73</u>
4 Months Ago:	<u>10/2007</u>	<u>\$4,461.38</u>
3 Months Ago:	<u>11/2007</u>	<u>\$3,681.00</u>
2 Months Ago:	<u>12/2007</u>	<u>\$4,399.00</u>
Last Month:	<u>01/2008</u>	<u>\$4,500.00</u>
Average per month:		<u><b>\$4,036.14</b></u>